MARINE MEDICAL

PAGE 85

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02/13/2007 10:01

CHEMATICS INC.

P.O. Box 293 - North Webster, Indiana 46555 (800) 348-5174 • (574) 834-2406

1:4	is instruction, for completing into instruct, on the sack in conf.	Screening Pessits
Step 1: TO BE COMPLETED	BY ALCOHOL TECHNICIAN	1000
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	(Pfint) (Pirst M.L. Last)	2. H · ₹
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C: Employer Name		Tampet Evident Tape
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City. ST ZIP		_
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	DER Name DER Phone Number	!
D: Resson for Test: Random	Reseaseshie Susp Desst-Accident Return to Duty Follow-up Pre-	;
comployment		
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STEP 2: TO BE COMPLETED	BY EMPLOYEE	1
Cortify fast I am about to subm	nit to alcohol testing required by US Department of Transportation regulations and that t	the Affin
	d on the form is true and correct.	Or Or
X	2 10 A7	Project
Signature of Employee	Date Month Day Year	Confirmation Remark
Sensor Village	Date Mouth Day (C)	Ff. see
STEP 3: TO BE COMPLETED	BY ALCOHOL TECHNICIAN	
Af the rechnician conducting the	screening test is not the same technician who will be conducting the confirmation test.	11/ ₁ 3/
	beir own form.) I certify that I have conducted alcohol testing on the above named	** 10s
	procedures established in the US Department of Transportation regulation, 49 CFR Pa	Tomper Lynders Tape
40. that I am qualified to aparate	the testing device(s) identified, and that the results are as recorded.	
TECHNICIANI (26AT)	STY DEVICE: SALIVA BREATH 15-Minute Walt: Yes No	•
tachinetic tabal .	Dati Device, Saacty _ breath 15-4(more wife, _ 165 _ 140	
SCREENING TEST: For BRE	TATH DEVICE" write in the space below only if the testing device is not designed to print.	
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Alco 02	629921 1-00 2328 2329 New	
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CONFIRMATION TEST: Requi	In MUST be affixed to each copy of this form or printed directly onto the form.	
REMARKS:		*******
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mmt	1102 John Live	1500
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PANT Alcohol Technician and	spic (First, M.I. Last) Company City, State, Zip Phone Number	- 1 Am-
, , , , , , , , , , , , , , , , , , , ,	2 1007	W m
Signature		Tamper Briden t Tape
Signature of Alcohol Technician	Date Month Day Year	
STEP 4: TO BE COMPLETED I	BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER	– .
Libbi I must not described to t	the alcohol test, the results of which are accurately recorded on this form. I understand	
man mn urive, periorm sai	cty-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.	
Signature of Employee	Date Month Day Year	•
	OMB No. 2105-052	9
	56601 Rev. 1 June. 2001	***************************************

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MARINE MEDICAL

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PAGE 88

Page 4 of 8

Dr. Wayne F. Keller

1209 Genoa Redbluff
Pasadena, Tx 77054
Phone: 713-920-1335 Fax: 281-991-6495

MRO Result Form

Client: MAPINE MEDICAL INC Attn: WAYNE KELLER, M.D. Reason: POST ACC.

Sub Acct:

Patient: AVARAL, FVORANTE

Patient ID: 782-8 -

Date Rep: 2/12/2007

Test Name: NIDA SCREEN

CCF Reviewed & Received: 02/12/07

Coll. Dute: 02/10/07

Coll. Site:

I have reviewed laboratory test results following 49 CFR part 40 guidelines for urinalysis drug testing. Sample # 101/96577 was screened for: CARBOXY-THC (MARIJUANA-MET), AMPHETAMINE/METHAMPHETAMINE, BENZOYLECGONINE (COCAINE-MET), OPIATES (CODEINE/MORPHINE), PHENCYCLIDINE "PCP"

Therefore, roy determination for this test is

NEGATIVE

Comments: None

If you have any questions, please contact this office

Sincerely,

Dr. W. F. Keller 2/12/2007 Verified

Medical Review Officer | CCF Received and Reviewed:

MARINE MEDICAL

PAGE 87

02/13/2007 10:02 2813099918



CHEMATICS INC.

P.O. Box 293 • North Webster, Indiana 46555 (800) 348-5174 • (574) 834-2406

,	The instructions for con-	mpleting this form are on the t	back of Copy 3) Z		Screen by Results
Step 1: TO BE COMPLETE	D BY ALCOHOL TEC	CHNICIAN			- Here
A: Employee Name	Eug	enio Jul	y Dert		
B: SSN or Employee II No.	(Print) (First, NL)	I., Last)	(3015	Affin Wah
C: Employer Name Street					Татра Емівені Тарг
City, ST ZIP					
DER Name and Telephone No.					
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Dr. Reason for Test: []Rande employment	om Reusenable Susp	p Stom-Accident Retu	rn to Duty Follow	Pre-	, :
STEP 2: TO BE COMPLETE	ED BY EMPLOYEE				
I certify that I am about to sul			of Transportation re	galations and that the	ं 4/विव ्र
			2	10.07) Fevri Confirmation Results
gnature of Employer			Date Menth I	Day Year	Gere Son Williams
STEP 3: TO BE COMPLETE	TO BY ALCOHOL TR	CHNICIAN			
(If the technician conducting t			Il he conducting the	ronffrantion tost	ATTA
each technician must e-suplete individual in accordance with 40, that I am qualified to open	their own form.) I cer the procedures establis	rtify that I have conducted a shed in the US Department o	icohol testing on the L'Transportation rep	above named julation, 49 CFR Pari	e Main Temper Prident Jap e
TECHNICIAN: ELBAT	STT DEVICE:	: DSALIVA BREAT	H* 15-Minuic Wa	it: 🗆 Yes 🗆 Ne	
SCREENING TEST: For B	REATH DEVICE* while	in the mace below arry if me	iesting device is <u>nui</u> i	designed to REIDL.	
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(PRINT Alcabal Technician's	Name (First, M.I., Last	t) Company City, Sinte. 2	Lip Phone	Number	int ⁿ is Tith
Sign paul phu A lebhol Tach nichtan		Date Vio	mit Day Your	1	Tomper Eliden Tape
TO BE COMPLETED	BY EMPLOYEE IF				
certify that I have submitted t				Ome Lundermand	
hat I must not drive, perform s	afery-sensitive duties, o	or operate heavy equipment	because the results a	ire 0.02 of greater	
ignature of Employee			Date Month Da	y Year	
	•			OMB No. 2105-0529 56601 Rev. 1 June, 2001	

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MARINE MEDICAL

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Page 3 of 8

Dr. Wayne F. Keller

1209 Genoa Redbluff Pasadena. Tx 77054 Phone: 713-920-1335 Fax. 281-991-6495

MRO Result Form

Client: MAJUNE MEDICAL INC

Attn: WAYNE KELLER, M.D.

Patient: EUGENIO, JULYBERT V.

Date Rep: 2/12/2007

CCF Reviewed & Received: 02/12/07

Reason: POST ACC

Sub Acet:

Patient ID: 301-5 -

Test Name: NIDA SCREEN

Coll. Date: 02/10/07

Coll. Site:

I have reviewed laboratory test results following 49 CFR part 40 guidelines for urinalysis drug testing. Sample # 101 596576 was screened for: CARBOXY-THC (MARIJUANA-MET), AMPHETAM INEMETHAMPHETAMINE, BENZOYLECGONINE (COCAINE-MET), OPIATES (CODEINE/MORPHINE), PHENCYCLIDINE "PCP"

Therefore, my determination for this test is:

NEGATIVE

Comments: None

If you have any questions, please contact this office.

Sincerely,

Dr. W. F. Keller 2/12/2007 Verified

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MARINE MEDICAL

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PAGE 05

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CHEMATICS INC.

P.O. Box 293 • North Webster, Indiana 46555 (800) 348-5174 • (574) 834-2406

$\boldsymbol{U.S.} \ \boldsymbol{Department} \ \boldsymbol{of} \ \boldsymbol{Transportation} \ \boldsymbol{(DOT)}$ Alcohol Testing Form The instructions for completing this form are on the back of Copy 3.

	Serron og Residis
Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN	Fiere
A: Employee Name	_
B: SSN or Employee D No.	After With
C: Employer Name	Tompel Evident Tape
Street	- ,
City.ST ZIP	(
DED No.	-
DER Name und Telephone No.	
DER Name DER Phone Number	•
D: Reason for Test Random Reasonshie Susp Post-Accident Return to Duty Follow-up Pro-	
STEP 2: TO BE COMPLETED BY EMPLOYEE	
	,
I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.	. Afria Or
7 8.67	Pries
Signature of Employee Date Month Day Year	Confirmation Rectific
	'lere'
STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN	·
	4-7-4
(If the technician conducting the according tost is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 46, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.	4 as
TECHNICIANI ETSAT ISTT DEVICE ISALIVA BREATH 15-MIRNIE WHITE IYES IND	
SCREENING TEST: "For BREATH DEVICE" write in the space Delow pally if the resump device is not designed to print,	1 23 40
1/2017 / 2007 / 100 - 212 22/3/1/05	17 40
Test # Vesting Device Name Device Script # Off Lot # & Exp Date Activation Time Result.	
CONFIRMATION TEST: Results MIST be affixed to each come of this form or printed directly onto the form	
REMARKS:	*** ***********
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	Adamana Rushits of g
MILL HOZILAL DEAN AVO	1800
Alexand teaching of the state o	
DEMINION K7753	
PRINT) Alcohol Technician p Name (First, M.I., Last) Company City, State, Zip Phone Number	J.M.e
Z.10,0 /	Tomper Friden: Tope
Best Month Day Your	The state of the s
TEDA: TO BE COMPLETED BY EMPLOYEE IP TEST RESULT IS 4.02 OR HIGHER	
certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand hat I must not drive, perform safety-accustive duties, or operate heavy equipment because the results are 0.02 or greater	
ignature of Employee	
Date name.	
OMB No. 2105-0529 56601 Rev. 1 June, 2001	

MARINE MEDICAL

PAGE 84 age 2 of 8

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Dr. Wayne F. Keller

1209 Genos Redbluff Pasadena, Tx 77054 Phone: "13-920-1335 Fax: 281-991-6495

MRO Result Form

Client: MAJUNE MEDICAL INC Attn: WAYNE KELLER, M.D.

Reason: POST ACC

Sub Acet:

Patient: METCOVIC. DERO

Patient ID: 314-5 -

Date Rep: 2.12/2007

Test Name: NIDA SCREEN

CCF Reviewed & Received: 02/12/07

Coll. Date: 02/10/07

Coll. Site:

I have reviewed laboratory test results following 49 CFR part 40 guidelines for urinalysis drug testing. Sample # 101:537987 was screened for: CARBOXY-THC (MARUUANA-MET), AMPHETAMINE/METHAMPHETAMINE, BENZOYLECGONINE (COCAINE-MET). OPIATES (CODEINE/MORPHINE), PHENCYCLIDINE "PCP"

Therefore, my determination for this test is:

NEGATIVE

Comments: None

If you have any questions, please contact this office

Sincerely,

Dr. W. F. Keller 2/12/2007 Verified

Medical Review Officer CCF Received and Reviewed:

2813099919

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PAGE 83

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02/13/2007 10:02

CHEMATICS INC.

P.O. Box 293 • North Webster, Indiana 46555 (800) 348-5174 • (574) 834-2406

U.S. Department of Transportation (DOT) Alcohol Testing Form (The intervenions for completing this form are on the nack of Copy 3)

					Second Sections
Step 11 TO BE COMPLETE	D BY LCOHOL TECHNICI				
A: Employee Name	V2170	1115	- MAA		
B: SSN or Employee 10 No.	(Print) (First, M.L., Last)		9889		
					nipenEvident Tapa
C: Employer Name Street				1	
City, ST ZTP					<u> </u>
					1
DER Name and Telephone No.		_	, ,		
	DER Name		DER Phone Number	1	
D: Regner for Test: Thursdo	m Reasonable Susp Phos	St-Accident Return to I	Duty Dellow-up Dere-	. 1 -	
STEP 2: TO BE COMPLETE	ED BY EMPLOYEE				
	omit to alcohol thating required		nsportation regulations and	that the	· · · · · · · · · · · · · · · · · · ·
identifying information provide	ied on the form is true and cor	Tect.	2 12 07	Ö-	
				P*.	efirmanen Resulte
Signature of Employee	2)	Da	te Month Day Veny	15,	· •
STEP 3. TO BE COMPLETE	D BY ALCOHOL TECHNICI	IAN			
each technicism must er replete individual in accordance with t	he screening test is not the sum their own form.) I certify that the procedures established in the set the testing device(s) identifi	t I have conducted alcohol the US Department of Trac	testing on the above named isportation regulation, 49 C	1	
TECHNICIAN: Z'BAT	☐STT DEVICE: ☐SA	ALIVA BREATH	5-Minute Wait; Yes	□ No i	
SCREENING TEST: TOT BE	REATH DEVICE" write in the sp	our e below only if the testion	device inorderigned to br	<u>in/</u> ,	
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	2 65440	11-68 (37	1 2376 /10	19	
Test # Testing Device Nume	Device Scriel # QR Lot # & 1	Exp Date Activation Til	ac Reading Time Resul		
CONFIRMATION TEST: RAT	outre MUST be affixed to each cop	ppy of this form or printed di	писту ато не чате		
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ir nace re Alconol Technician		Date Mineth D	ay Yenr	w p (1.1	
TO BE COMPLETED	BY EMPLOYEE IF TEST R	ESULT IS 0.02 OR NICH	EB		
hat I must not drive, perform s	n the alcohol test, the results of afety-sensitive duties, or operat	te beavy equipment beens.	rded on this form. I unders to the radults are 0.02 or gre	stand cater.	
ignature of Employee		A	Manual Day		
		Date		05 0530	
			OMB No. 21 56601 Rev. I	V2- P 539	

MARINE MEDICAL

age 1 of 8

Dr. Wayne F. Keller

1209 Genos Redbluff Pasadena, Tx 77054 Phone: 713-920-1335 Fax: 281-991-6495

MRO Result Form

Client: MAJUNE MEDICAL INC

Reason: POST ACC

Attn: WAYNE KELLER, M.D.

Sub Acct:

Patient: SYNING, RIC M.

Patient ID: 988-9 -

Date Rep: 2.12/2007

Test Name: NIDA SCREEN

CCF Reviewed & Received: 02/12/07

Coll. Date: 02/10/07

Coll. Site:

I have reviewed laboratory test results following 49 CFR part 40 guidelines for utinalysis drug testing. Sample # 101 537969 was screened for: CARBOXY-THC (MARIJUANA-MET). AMPHETAMINE/METHAMPHETAMINE, BENZOYLECGONINE (COCAINE-MET). OPIATES (CODEINE/MORPHINE), PHENCYCLIDINE "PCP"

Therefore, my determination for this test is:

NEGATIVE

Comments: None

If you have any questions, please contact this office.

Sincerely.

Dr. W. F. Keller 2/12/2007 Venfied

Medical Review Officer CCF Received and Reviewed:



CHEMATICS INC.

MARINE MEDICAL

P.O. Box 293 • North Webster, indiana 46555 (800) 348-5174 • (574) 834-2406

~7	The instructions for completing this form are on the back of Copy 3,	Servening Pasulis
Step 1: TO BE COMPLETED	BY ALCOHOL TECHNICIAN	
A1 Employee Name	(Print) (First M.T.Last)	Affir
B: SSN or Employee D No.	2 /250	With Evident Tapo
C: Employer Name Street City, ST ZIP		
DER Name and Telephone No.	DER Name DER Phone Number	
D: Reason for Test: Randon comployment	Resonable Susp Drost-Accident Return to Duty Follow-up Pre-	
STEP 2: TO BE COMPLETE	D RY EMPLOYEE	
I cartify that I am about to sub- idualifying information provid	omit to alcohol testing required by US Department of Transportation regulations and that ded on the form is true and correct.	AF 2 Or Fra: Confirmation (territs
hignsture of Employer	Date Month Day Year) Permi
(If the technician conducting the each technician must complete individual in accordance with the conduction of the cond	the screening test is not the same technician who will be conducting the confirmation test, their own form.) I certify that I have conducted alcohol testing on the above named the procedures established in the US Department of Transportation regulation, 49 CFR late the testing device(s) identified and that the results are as recorded. STT DEVICE. SALIVA BREATH 15-Minute Wait: Yes No	Part Common Todom Tom
SCREENING TEST War BA	REATH DEVICE* write in the space below only if the lesting device is not benighed to graps \[\left(2992 \right) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>></u>
REMARKS:		*************
		Or Print and Results in g
MMI G	enice HOZI CRINSON AVE	
(ASDIT) Méshal Technic au's	Name (First, M.I., Last) Company City, State, Zip Phone Number Z. 10, 67	Wen- Tamper Avident Tope
Signature of Alcahal Tec wicien	Date Month Day Year	
I certify that I have submitted t	D BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER to the alcohol tast, the results of which are accurately recorded on this form. I understan safety-sensitive duties, or operate hanvy equipment because the results are 0.02 or greate	
Signature of Employee	Date Month Day Year	
	OMB No. 2105-4 56601 Rev. 1 June 2001	1529

age 5 of 8

Dr. Wayne F. Keller

1209 Genoa Rodbluff Pasadena, Tx 77054 Phone: 713-920-1335 Fax: 281-991-6495

MRO Result Form

Client: MAIUNE MEDICAL INC

Attn: WAYNE KELLER, M.D.

Patient: FEF:NANDEZ, VAIIT Q

Date Rep: 2.12/2007

CCF Reviewed & Received: 02/12/07

Reason: POST ACC.

Sub Acct:

Patient ID: 123-6 -

Test Name: NIDA SCREEN

Coll. Date: 02/10/07

Call. Site:

I have reviewed laboratory test results following 49 CFR part 40 guidelines for urinalysis drug testing. Sample # 101696578 was screened for: CARBOXY-THC (MARIJUANA-MET). AMPHETAMINE/METHAMPHETAMINE, BENZOYLECGONINE (COCAINE-MET), OPIATES (CODEINE/MORPHINE), PHENCYCLIDINE "PCP"

Therefore, my determination for this test is:

NEGATIVE

Comments: None

If you have any questions, please contact this office.

Sincerely,

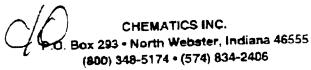
Dr. W. F. Keller 2/12/2007 Venfied

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MARINE MEDICAL

02/13/2007 10:02

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PAGE 13

U.S. Department of Transportation (DOT) Alcohol Testing Form ons for completing this form are on the back of Cony 3;

F	The instructions for completing this form are on the back of Conv 3:	Screening Results Here
Step 1: TO BE COMPLETE	D BYALCOHOT TECHNICIAN	
A: Employee Name	(Print) (Pirm, M.I., Last) 7284	Affix With
B: SSN or Employee 10 No.		Tamper Evident Tanc
C: Employer Name Street City. ST ZIP		
DER Name and Telephone No.		
	DER Name DER Phone Number	; 1
D: Remon for Test: Fland	om Reasonable Susp Post-Accident Return to Duty Pollow-up Pre-	
STEP 2: TO BE COMPLET	ED BY EMPLOYEF	
I remain shak I am shout to su	hmit to alcohol testing required by US Department of Transportation regulations and that the ided on the form is true and correct.	Affic Or Print
	Dute Month Day Year	Costo mi non Berndt Gore
Figure 10 6 of Employee		
STEP 3: TO BE COMPLET	ED BY ALCOHOL TECHNICIAN	Alisi
cach technician must comple	the screening test is not the same technician who will be conducting the confirmation test, to their own form.) I cortify that I have conducted alcohol testing on the above named in the procedures established in the US Department of Transportation regulation, 49 CFR Partment the resting device(s) identified, and that the results are as recorded.	Rose Tamen Englet Tayn
TECHNICIAN: ETRAT		2 1 2 1
SCREENING TEST: (For	BREATH DEVICE" write in the space below about if the sexting device is an designed to detail	
Test # Testing Device Name	Device Script # QR Lot # & Emp Date Activation Time Residing Time Resident	
CONFIRMATION TEST: A	texuits MUST be affixed to each cupy of this form or printed directly anto the form	
REMARKS:		14 15 \ 1
	The state of the s	Nom Laution URusulis Long Calibration Chick Laur
M M J J And and a company	Company Strott Address 77539 To Nigeric (First, M.I., Lust) Company City, State, 2tp Phone Number	. A.M.
(PRINTY Ajcohol Technicalin	'a Name (First, M.I., Last) Company City, State, 219 Printe Nationer 2 1007	Wan Tamper hydent Tam
Signature of Alcohol We wicken	Date Month Thy Year	
STEP 4: TO BE COMPLET	ED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER	
I certify that I have sub-mitte that I must not drive, perform	id to the nicohol test, the results of which are accurately recorded on this form. I understand in sufety-sensitive duties, or operate below equipment because the results are 0.02 or greater.	
Signature of Employee	Date Manth Day Year	
Section Car Stubiolac	OMB No. 2105-8529 56601 Rev. 1	<u> </u>
	June, 2001	

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Rilev-Sherman Shipping

MARINE MEDICAL

PAGE 12

Dr. Wayne F. Keller

1209 Genos Redbluff
Pasadena, Tx 77054
Phone: 713-920-1335 Fax: 281-991-6495

MRO Result Form

Client: MAFINE MEDICAL INC Attn: WAYNE KELLER, M.D. Reason: POST ACC.

Sub Acct:

Patient: CRABISK, DAMIR

Patient ID: 728-4 -

Date Rep: 2/12/2007

Test Name: NIDA SCREEN

CCF Reviewed & Received: 02/12/07

Coll. Date: 02/10/07

Coll. Site:

I have reviewed laboratory test results following 49 CFR part 40 guidelines for urmalysis drug testing. Sample # 101:596579 was screened for: CARBOXY-THC (MARLIUANA-MET), AMPHETAMINE/METHAMPHETAMINE, BENZOYLECGONINE (COCAINE-MET). OPIATES (CODEINE/MORPHINE), PHENCYCLIDINE "PCP"

Therefore, my determination for this test is:

NEGATIVE

Commonts: > one

If you have any questions, please contact this office.

Sincerely,

Dr. W. F. Keller 2/12/2007 Verified

2813099918

MARINE MEDICAL

PAGE 15



CHEMATICS INC.

P.O. Box 293 • North Webster, Indiana 46555 (800) 348-5174 • (574) 834-2406

U.S. Department of Transportation (DOT)	1 ~ Mx
Alcohol Testing Form	(Terrent
The instructions for completing this form are on the back of Com. 3	Servening Actulis
	Here
Step 1: TO BE COMPLETED BY ALCOHOL TECHNICAN	•
A: Employee Name	offia
B: SSN or Employee II) No.	Tamper Evident Tape
C: Employer Name	•
Street City, ST ZIP	
DER Name and	
Telephone No. DER Name DER Name	· !
D: Renson for Test: Random Reasonable Susp Pest-Accident Return to Duty Follow-up Tre-	1
employment	1
STEP 2: TO BE COMPLETED BY EMPLOYEE	
STEP 2: TO BE CONTRICTED BY SING STEP 1 STEP 1 STEP 1 STEP 2 STEP 2: TO BE CONTRICTED BY SING STEP 3: TO BE CONTRICTED BY SING STEP	Affix
I certify that I am shou: in submit to alcohol teating required by US Department of the identifying information provided on the form is true and correct.	Ôr .
Z 10,07	Crin C anfirm Hon Bosnits
Signature of Bappiavec Date Month Day Year	Duma
Signature of Emphasics	
STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN	
STEP 3: T() BE COMPLETED BY ACCORDED ASSESSMENT THE CONFIRMATION LESS.	ATT V
(If the technician conducting the acreening test at not the same technician who will be conducting the confirmation test, cach technician must emplote their own form.) I certify that I have conducted alcohol testing on the above named cach technician must emplote their own form.) I certify that I have conducted alcohol testing on the above named	Temper Para ni Tap
cach technicien must complete their own form.) I certify that I have conducted necessity the complete their own form.) I certify that I have conducted to the US pepartment of Transportation regulation. 49 CFR Partiadily and that the results are as recorded.	
40, that I am qualified to operate the testing device(x) security	
TECHNICIANI EIBAT ISTT DEVICE: DIALIVA BREATH 15-Minute Wait: Yes IND	
SCREENING TEST: (For BREATH DEVICE" write in the space below only if the lesting device it not detigned to print	
Test # Testing Device Name Device Serial # OR Lot # & Exp Date Activation Time Reading Time Result	
	[
CONFIRMATION TEST: Results MUST be affixed to each copy of this form or printed directly onto the form	• • • • • • • • • • • • • • • • • • • •
REMARKS:	$\mathcal{A}\mathcal{B}_{N}$
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Alasahi Tachaninian's Company	
Phose Number	.1971-
(PRINT) Acquary Technician's Asme (First, M.I., Last) Company City, State, Zip Phone Number/	i Mige Tamis r∑ndeni Taje
Day Marth Day Year	
Self-limitable of victorial Legislection	:
SPEP 41 TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER	
I cortify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand	
T cortaly that I have simulated to the sacond the following the results are 0.02 or greater. that I must not drive, perform safety-sangitive duties, or operate heavy equipment because the results are 0.02 or greater.	
Date Month Day Year	
Signature of Employee OMB No. 2105-0529	
56601 Rev. 1 June, 2001	

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Dr. Wayne F. Keller

1209 Genoa Redbluff
Pasadena, Tx 77054
Phone: 713-920-1335 Fax: 281-991-6495

MRO Result Form

Client: MARINE MEDICAL INC Atm: WAYN'E KELLER, M.D. Reason: POST ACC.

Sub Acet:

Patient: TIZON, MELCHOR V

Patient ID: 149-7 -

Date Rep: 2/12/2007

Test Name: NIDA SCREEN

CCF Reviewed & Received: 02/12/07

Coll. D:ute: 02/10/07

Coll. Site:

Thave reviewed laboratory test results following 49 CFR part 40 guidelines for urinalysis drug testing. Sample # 101596580 was screened for: CARBOXY-THC (MARIJUANA-MET), AMPHETAM INE/METHAMPHETAMINE, BENZOYLECGONINE (COCAINE-MET), OPIATES (CODEINE/MORPHINE), PHENCYCLIDINE "PCP"

Therefore, my determination for this test is:

NEGATIVE

Comments: None

If you have any questions, please contact this office

Sincerely,

Dr. W. F. Keller 2/12/2007 Verified

Medical Review Officer | CCF Received and Reviewed: __